

FROM McANDREWS, HELD, & MALLOY

(TUE) 9. 6' 05 12:55/ST. 12:54/NO. 4861050812 P 1



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TO: Examiner S.K. Ahn
Group Art Unit 2637

FAX NO.: 571 273 8300

FROM: Michael T. Cruz

USER ID: 8084

CLIENT: 1772


MATTER: 16100US02

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Michael T. Cruz
Reg. No. 44,636

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PTO/SB/21 (09-04)

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TRANSMITTAL FORM		Application Number		10/606,924			
(to be used for all correspondence after initial filing)		Filing Date		June 28, 2003			
		First Named Inventor		P. van Rooyen			
		Art Unit		2837			
		Examiner Name		S.K. Ahn			
Total Number of Pages in This Submission		15		Attorney Docket Number		16100US02	
ENCLOSURES (check all that apply)							
<input checked="" type="checkbox"/> Fee Transmittal Form		<input type="checkbox"/> Drawing(s)		<input type="checkbox"/> After Allowance Communication to TC			
<input type="checkbox"/> Fee Attached		<input type="checkbox"/> Licensing-related Papers		<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences			
<input checked="" type="checkbox"/> Response		<input type="checkbox"/> Petition		<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)			
<input type="checkbox"/> After Final		<input type="checkbox"/> Petition to Convert to a Provisional Application		<input type="checkbox"/> Proprietary Information			
<input type="checkbox"/> Affidavits/declaration(s)		<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address		<input type="checkbox"/> Status Letter			
<input checked="" type="checkbox"/> Extension of Time Request		<input type="checkbox"/> Terminal Disclaimer		<input type="checkbox"/> Return-Receipt Postcard			
<input type="checkbox"/> Express Abandonment Request		<input type="checkbox"/> Request for Refund		<input type="checkbox"/> Other Enclosure(s) (please identify below):			
<input type="checkbox"/> Information Disclosure Statement		<input type="checkbox"/> CD Number of CD(s) _____					
<input type="checkbox"/> Certified Copy of Priority Document(s)		<input type="checkbox"/> Landscape Table on CD					
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application							
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53							
Remarks							
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT							
Firm		McAndrews Held & Malloy, Ltd.					
Signature		<i>Michael T. Cruz</i>					
Printed Name		Michael T. Cruz					
Date		September 6, 2005					
CERTIFICATE OF FAX TRANSMITTAL							
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Name (Print/type)		Michael T. Cruz		Registration No. (Attorney/Agent)		44,636	
Signature		<i>Michael T. Cruz</i>		Date		September 6, 2005	

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Effective on 12/08/2004.
Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818)**FEE TRANSMITTAL
for FY 2005**

Complete if Known

Application Number	10/606,924
Filing Date	June 26, 2003
First Named Inventor	P. van Rooyen
Examiner Name	S.K. Ahn
Art Unit	2837
Attorney Docket No.	16100US02

☐ Applicant claims small entity status. See 37 CFR 1.27TOTAL AMOUNT OF PAYMENT (\$)**120.00**

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: **13-0017** Deposit Account Name: **McAndrews Held & Malloy**

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

☒ Charge Fee(s) indicated below☐ Charge Fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fees(s) ☒ Credit any overpayments
under 37 CFR 1.16 and 1.17

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee(\$)	Small Entity Fee(\$)
Each claim over 20, or for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee(\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee	Fee Paid (\$)
-20 or HP	x	=				
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee(\$)	Fee Paid (\$)			
-3 or HP	x	=				
HP = highest number of Independent claims paid for, if greater than 3						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee(\$)	Fee Paid(\$)
-100	/50	(round up to a whole number)	x	=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: 1-month extension of time

Fee Paid(\$)

120

SUBMITTED BY

Signature	<i>Michael T. Cruz</i>	Registration No. (Attorney/Agent)	44,636	Telephone	(312)775-8000
Name (print/type)	Michael T. Cruz			Date	September 6, 2005